

# 2021 California Southern Baptist Convention

## Childcare Pre-Registration

(Complete a separate registration form for each child.)

Which session(s) will this child require care? (check all that apply)

Monday Evening

Tuesday Morning

Tuesday Evening

Tuesday Evening

Wednesday Morning

(Please Print)

Child's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Father \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_

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Parents also will be asked to complete a brief child information form to check in each child before each session.

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*Please return signed forms  
no later than  
**October 11, 2021***

*By mail or email:  
California Southern Baptist Convention  
Attention: **Childcare**  
678 E. Shaw Ave.  
Fresno, CA 93710-7704  
or  
**lbarone@csbc.com***

### Medical History (Please Print)

Allergies \_\_\_\_\_

Medical concerns childcare provider should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The director, staff or volunteers of CSBC, **will not** administer **any** medication to your child while in our care.

**A parent or guardian must administer all medications.**

### Emergency Treatment Authorization California Southern Baptist Convention

In the event of my child's illness or injury I authorize California Southern Baptist Convention to obtain any necessary medical care or treatment from a licensed physician, nurse, hospital, or other health facility or emergency medical personnel. Such treatment or care includes, but is not limited to, medication, blood transfusions and surgery where any delay in such treatment could reasonably be expected to jeopardize the life, health or well-being of my child. Further, I irrevocably and unconditionally relinquish any and all rights or claims against the directors, staff, care givers, or institutions of the **2021 CSBC and Clovis Hills Community Church**, relating to any accidental injury or complications that may arise.

\_\_\_\_\_  
Parent/Guardian/Signature

\_\_\_\_\_  
Date